

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

REC'D AUG 9 1938

26497

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township _____ Primary Registration District No. 111
 City St. Louis Pulltype St. Mary's Hospital (Ward) _____

File No. _____
 Registered No. 1257

2. FULL NAME Mary Louise Lynn 500

(a) Residence, No. _____ St. _____ Ward. Litchfield Ill.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2/1937.</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>10</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25/ 1938.
 22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 25, 1938
 Last saw him alive on 7/25, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

My observation
Concomitant unknown?
 Date of onset 11/37
 Other contributory causes of importance: 158

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield Illinois</u>
	13. NAME <u>Theodore Lynn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield Illinois</u>
	15. MAIDEN NAME <u>Ruth Cranford</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmersville Illinois</u>
17. INFORMANT <u>Theodore Lynn</u> (ADDRESS) <u>Litchfield, Ill.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Litchfield, Ill.</u> DATE <u>July 27/ 1938</u>	
19. UNDERTAKER <u>Robert H. Fisher</u> (ADDRESS) <u>474 N. Central Litchfield, Ill.</u>	
20. FILED <u>26</u> 19 <u>38</u> <u>Mejor M. D. P. W.</u>	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) C. H. H. H. H., M. D.
 (Address) St. Mary's Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

